

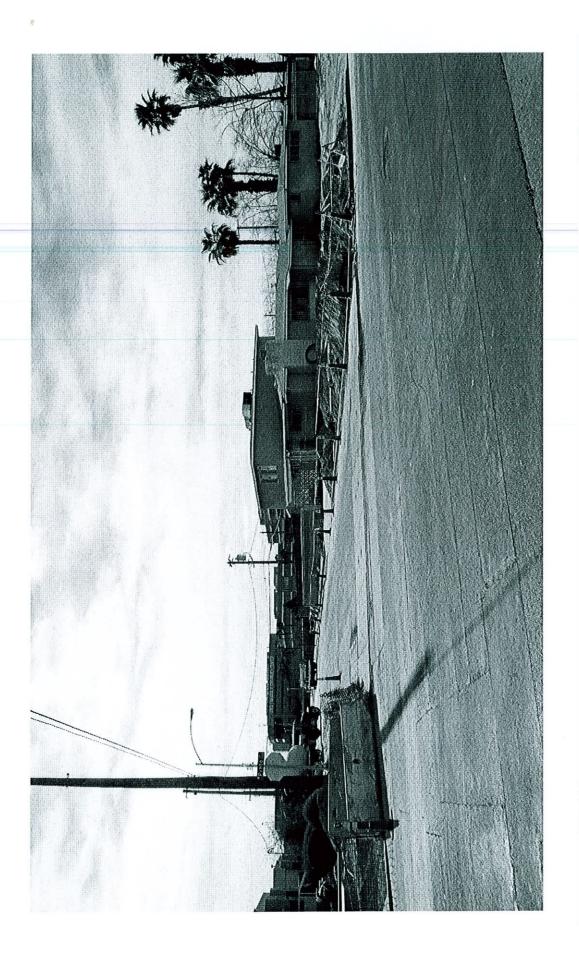
PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: VAC-19586 APN: see attached Exhibit
Name of Property Owner:
Name of Applicant: (property owner)
To the best of your knowledge, does the Mayor or any member of the City Council or Planning Commission have any financial interest in this or any other property with the property owner, applicant, the property owner or applicant's general or limited partners or an officer of their corporation or limited liability company?
YesNo
If yes, please indicate the member of the City Council or Planning Commission who is involved and list the name(s) of the person or persons with whom the City Official holds an interest. Also list the Assessor's Parcel Number if the property in which the interest is held is different from the case parcel.
City Official:
Partner(s):
APN:Valley Health System, LLC
Valley Health System, LLC by: Valley Hospital Medical Center, Inc. Signature of Property Owner:
Print Name: Steve Filton
Subscribed and sworn before me
This 15+ day of February, 2007 Commonwealth of Pennsylvania Notarial Seal Christina E. O'Donnell, Notary Public Upper Merion Twp., Montgomery County My Commission Expires Oct. 6, 2010 Member, Pennsylvania Association of Notaries

VAC-19586 - APPLICANT/OWNER: VALLEY HEALTH SYSTEM, LLC MARCH 22, 2007 PLANNING COMMISSION

02/08/07



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